PART B - FEE(S) TRANSMITTAL

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Robert C. Kowert

(Depositor's name) Conley, Rose, & Tayon, P.C. P.O. Box 398 Austin, TX 78767 01/10/2006 HTECKLU2 00000131 501505 09880166 (Signature) 1400.00 DA 01 FC:1501 (Date 02 FC:1504 300.00 DA FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE 5181-80501 09/880,166 06/12/2001 Nisha D. Talagala 6782 TITLE OF INVENTION: STORAGE ARRAY EMPLOYING SCRUBBING OPERATIONS AT THE DISK-CONTROLLER LEVEL **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE APPLN. TYPE SMALL ENTITY ISSUE FEE NO \$1400 \$300 \$1700 01/31/2006 nonprovisional **EXAMINER** ART UNIT **CLASS-SUBCLA SS** 2133 714-819000 LAMARRE, GUY J 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Robert C. Kowert (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 2Meyertons, Hood, Kivlin, Kowert & (2) the name of a single firm (having as a member a Goetzel, P.C. registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Sun Microsystems, Inc. Santa Clara, CA ☐ Individual ☐ Corporation or other private group entity ☐ Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4b. Rayment of Fee(s): 4a. The following fee(s) are enclosed: A check in the amount of the fee(s) is enclosed. Assue Fee Payment by credit card. Form PTO-2038 is attached. ☑ Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501508/5181-80501 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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